IMPLEMENTATION OF EDUCATIONAL PROGRAM FOR FAMILIES WITH MENTALLY DISABLED PERSONS IN KOTAYK MARZ, CHARENTSAVAN: GRANT PROPOSAL

Master of Public Health Thesis Project Utilizing Community Grant Proposal Framework

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Executive Summary

According to the European Health Report 2002, the proportion of population with mental health problems is significantly increasing. According to the Ministry of Health database the proportion of population with mental health disorders varies from 0.7-0.8 % in Armenia. These data might not reflect the reality: a lot of mentally disabled people are not registered in the regional centers, and the real numbers could be significantly higher than the official numbers. This situation could have a serious economic impact on the societies and influences the quality of life of individuals and families.

We are proposing to implement an educational program for families with mentally disabled persons in Kotayk marz, Charentsavan. The goal of the program is to improve the quality of life of families with mentally disabled persons by increasing knowledge about mental health disabilities and methods to deal with them, as well as changing attitudes toward mentally disabled persons.

The target population for this program will be family members 18 years old and above, of mentally disabled persons registered as well as not registered in the regional polyclinic of Kotayk marz. The program will focus on family members of those mentally disabled persons who are diagnosed with schizophrenia or manic-depressive disorders. In addition, mentally disabled persons from the same families will be involved in the activity part of the program.

The program curriculum consists of 24 educational classes and activity for each group. About 200 people will be involved in the program. Educational materials are developed using the existing modules in Armenia and other countries. The program will be delivered by team of psychologists, psychiatrists, nurse/social workers and other supportive staff. For the evaluation of the program the one-group pretest-posttest design will be applied. The qualitative and quantitative methods of evaluation will be used: “SF-36” and in-depth interviews.

If the program will be successful it could become a module for implementation in other regions of Armenia.

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1. Introduction

"WHO is making a simple statement: mental health – neglected for far too long - is crucial to the overall well being of individuals, societies and countries and must be universally regarded in a now light"

Gro Harlem Brundtland, Geneva, October 2001 (WHO, 2001).

1.1. Literature Review/ Background Information.

Mental health has been differently defined by representatives of various countries and international organizations. According to the World Health Organization (WHO) the concept of mental health includes personal welfare, perceived self-efficacy, independence, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential among the others (1).

According to the European Health Report 2002 the proportion of population with mental health problems is significantly increasing in Europe (2). From 10 leading causes of disabilities 5 are mental disorders. The most common mental disorders in Europe are: unipolar major depression, bipolar depression, alcohol dependence, schizophrenia and obsessive –compulsive disorders (2). In the European Region the proportion of the population with mental disorders varies from 1-3%. It is projected that by 2020 mental disorders will account for about 15% of global disease, and that depression will become the leading cause of disability (2).

According to the WHO Report 2001, mental disorders are common, affecting more than 25% of all people at some time during their lives (1). They are universal, affecting people of all countries and societies. They have an economic impact on the societies and on the quality of life

of individuals and families. Families not only provide physical and emotional support, but also tolerate the negative impact of discrimination and stigma in society against people with mental disabilities (1,3,4). Factors associated with the start and course of mental disabilities include sex, age, poverty, conflicts and disasters, major physical disease, family circumstances and social environment (1,2,3).

According to the Ministry of Health database the proportion of the population with mental health disorders varies from 0.7-0.8 % in Armenia (5). Psychiatrists working in the field indicate that these data might not be representative: a lot of mentally disabled people are not registered in the regional centers, and the real numbers could be significantly higher than the official numbers (6).

In Armenia important determinants of mental disabilities include poverty, family circumstances and social environment (stigma) (7,8). In 2003-2004 the research aimed to assess knowledge, attitude and behavior towards mental health problems in Gegharkunik marz revealed that the attitude towards mentally disabled people was negative (9). There was a stigma associated with being mentally disabled. The majority of the study participants stated that they would be afraid of talking or working with a person with mental health disabilities. About 64.5% of the participants involved in the survey were sure that the people surrounding a mentally disabled person suffer more than the patient him/herself. However, the majority of the survey participants stated that people with mental health problems could be successfully treated within the community (9).

Unfortunately, there are no data about knowledge, attitude and behavior towards mental health problems in other regions of Armenia, but specialists think the situation would be similar, due to similar socio-economic conditions (6,10). Moreover, comparison of communities with

different socio-economic conditions (Tchambarak vs. Gavar cities in Gegharkunik) did not reveal statistically significant differences in knowledge, attitude, behavior (9).

The available information indicates that mental health in Armenia requires proper attention and public health interventions (3,7,8,11). Public health intervention (e.g., transition from large, institution-based models to community-based models) can help to improve the situation (2,7,8). Community based services are extremely important, because they are promoting internationally recognized human rights (7).

International standards established by the United Nations (UN) for people with mental health disabilities state the following rights (7):

- "The right to live and work, to the possible extent in the community " (UN Resolution 119/46, pr. 3)
- "The right to be treated and cared for, as far as possible in the community" (UN Resolution 119/46, pr. 7)
- "The right, whenever possible, to be treated near his or her home" (UN Resolution 119/46, pr. 7, par. 2)
- "The right to be treated in the least restrictive environment" (UN Resolution 119/46, pr. 7, par. 2)

Research showing the positive influence of family involvement in the recovery of mentally disabled persons emphasizes the importance of community mental health services (2,6,8,11,12). Severe mental disorders disrupt affective, cognitive, verbal and behavioural domains of functioning and impair people's potential for enjoying and sustaining interpersonal relationships, which are important for social life (3,7,8).

In many cases the primary caregivers are the same family members, who are unprepared to get involved in recovery process of mentally disabled persons. This situation creates additional difficulties for the physical and psychological state of the relatives, significantly influencing their quality of life (12,13).

Currently, there are a few NGO's working in the field of mental health disabilities in Armenia. The current efforts to address this problem are mainly represented by the work of Medicine Sans Frontier – Doctors Without Borders (MSF). MSF has been actively trying to improve the inhumane conditions in psychiatric establishments in Gegargunik region, and now is taking a new approach, emphasizing out patient care (day care centers) and involving families of mentally disabled persons (11). Day-care centers provide an opportunity for users of mental health services and their families to be involved in a range of activities: group and individual sessions, social work, interviews, art therapy as well as psychological support and therapy (11).

MSF has conducted seven focus group discussions with the staff of psychiatric hospitals, the students of nursing schools, visitors of day care center, inhabitants of Tchambarak city, staff of the Children's creative club in Sevan, police officers and government officials (9). This qualitative study shows that mental health problems are closely related to the environment surrounded the patient.

Community based social support programs focusing on the involvement of friends, neighbors and family members of mentally disabled persons could help to improve the quality of life of mentally disabled persons as well as their family members (7,8,9). Therefore, we suggest to implement an educational program for the families with persons who have mental health disabilities in one of the regions in Armenia (Kotayk marz).

1.2 Description of the Proposed Project

The proposed "educational program for families with mentally disabled persons in Kotayk marz, Charentsavan" aims to improve the quality of life of families with mentally disabled persons by increasing knowledge about mental health disabilities and the methods to deal with them, as well as changing attitudes towards the mentally disabled persons.

The measurable objectives are the following:

- At the end of the program the quality of life score of the participants will increase by 10% compared to the baseline data.
- At the end of the program about 70% of the program participants will have improved attitude toward mentally disabled persons compared to the baseline data.

2. Methodology

2.1 Conceptual Framework

Clinicians have developed treatment packages termed "social skills training" (4,11,13). This training is effective for patients with mental health disabilities and their family members to fill the gap in social relationships. The "social skills training" takes place once a week during a year. The groups of participants, including mentally disabled persons and their family members, learn about mental disability (aiming to change the perceptions of the concept of mental disability), use of appropriate medications, the improvement of communication skills, as well as everyday problem solving. Simultaneously, the participants stay in contact with working staff consisting of a psychiatrist, nurse, psychologist and social worker (4).

Existing research shows that increasing knowledge about mental health disabilities and supporting family members in their goal to help the recovery of their relatives, lead to changes in attitude towards mentally disabled persons and, hence, can reduce the stress of family members and lead to improved quality of life for people who live with mentally disabled person (1,3,4,9,11,12,13).

2.2 Implementation Plan Synopsis

2.2.1. Program

The target population for this program will be family members above 18 years old and above, of mentally disabled persons registered as well as not registered in the regional polyclinic in Kotayk marz.

About 300 mentally disabled people are registered in the Charentsavan polyclinic, 103 of them are diagnosed with schizophrenia and 7 with manic-depressive disorders. According to the Charentsavan regional polyclinic's vice director there are more people with mental disabilities who are not registered and there is no psychiatrist serving these communities (14). That is why it is important to choose the Charentsavan polyclinic as a place to implement the mental health education program.

The regional polyclinic in Charentsavan city provides services to people from Charentsavan and from 3 surrounding villages Alapars, Kamaris and Fantan (14). Thus, the family members of mentally disabled people who live in Charentsavan, Alapars, Kamaris or Fantan, will be involved in the program.

According to the chief psychiatrist of Armenia schizophrenia and manic-depressive disorders are the more common diagnosis in the Armenian population (10). Hence, this

program will focus on these disorders and involve family members of those mentally disabled persons who are diagnosed with these two problems.

The project team will contact family members of mentally disabled people who are registered in the Charentsavan polyclinic using the polyclinic's contact information. Family members of mentally disabled people who are not registered in the Charentsavan polyclinic, but live in Charentsavan, Alapars, Kamaris or Fantan and want to participate in the program will be encouraged to participate. Before the implementation of the program an announcement of the program will be broadcasted by radio (6 announcements at the evening hours) as well as a short seminar (10 days before the program starts) will be organized in the Charentsavan polyclinic. Charentsavan polyclinic staff will be involved in the informational campaign and the fact that in this region almost everyone knows each other (14) will lead to purposeful information delivery to the families who had not registered their mentally disabled relative. People will be informed about the start of the program and will have a chance to participate.

About 110 people with schizophrenia and manic-depressive disorders are registered in Charentsavan polyclinic. The number of unregistered people with schizophrenia and manic-depressive disorders is not available. As a result of an informational campaign, before the program implementation, some family members of unregistered mentally disabled persons will want to participate and this number could not be accurately estimated as well. The program will be organized to involve about 100 family members and 100 mentally disabled persons. Mentally disabled persons from the same families will be involved in activity session of the program.

The priority for including in the program will be given to those family members who are less than 45 years old. According to the literature the quality of life impact of such kind of educational program is stronger among the 18- 45 age group (15).

One person from each family will be involved in the program. The family will choose who should participate in the program. It is expected that one representative from each family involved in the program will teach other relatives the methods to deal with mentally disabled persons (15).

Children (less than 18 years old) will not be included in the educational program. The educational materials and activities involved in the program require appropriate level of psychological maturation (the level of development of psychological processes and qualities which is free of maturation crisis: events which are related to the normal growth and development processes) (15).

According to the literature, such educational programs are more effective when they are conducted in groups of 8-10 people, meeting once a week, for 2 hours (4,12,13). Program participants will be integrated into groups; age will be considered as an important factor for the group formation (people from the same age group can work together more effectively) (4,15).

Mentally disabled persons will come only on the days assigned for activity session of the program, which is once a week. They will be assigned to the groups in which their relatives are involved.

The groups will meet twice a week for 3 months. The participants will choose the meeting times.

2.2.2 Personnel

A team of health care professionals (psychologists, psychiatrists and nurse/social workers) will deliver the program (11). Psychiatrists and psychologists with diplomas and appropriate working experiences will be eligible for these positions. The first priority for obtaining the position of nurse/social worker will be given to those nurses who were trained as social workers in psychiatric field in "Mounghny Health Center" in 1995-1999 (the contact information is available) (16). The second priority for the position of nurse/social worker will be given to nurses who live in Charentsavan, Alapars, Kamaris or Fantan. The fact that people living in the same community know each other will help to fulfill the duties of nurse/social worker position.

Besides the core staff, the personnel will include program manager/coordinator, administrator and other supporting personnel, relevant to the needs of the program.

2.2.3 Educational Components

The educational program will aim to improve knowledge and attitude of families about mental health disabilities, the methods to deal with mentally disabled persons with the involvement of such core disciplines as psychology, psychiatric nursing and social work. The program will have several components.

The first component will involve development of a training manual for the working team by the psychiatrists and psychologists of the team. In order to avoid the uncertainty in interpretation of terminology an updated and comprehensive (without professional terminology, using easy language) information about the nature, extend and impact of most frequent mental

disorders in Armenia (schizophrenia or manic-depressive disorders) will be included in the manual. The main strategy of conducting the psychological trainings, using the elements of art therapy and psychodrama (role playing) as well as family assessment instrument will be involved in the manual. The manual also will include a section on ethical considerations when working with mentally disabled people.

The second component will be development of the flyers with educational information (short and comprehensive summary of nature, extend and impact of most frequent mental health disorders in Armenia, as well as some illustrations demonstrating the harmonious life of mentally disabled person within the society), which will be distributed to the participants during the program.

The educational program will consist of two main parts: lecture/discussion and activity session. Lecture/discussion part will consist of 12 meetings with the family members of mentally disabled persons. Each meeting will be devoted to a certain topic. The Appendix 1 (Table 1.) includes detailed description of each topic. The student investigator developed the program curriculum using the information obtained from similar programs (educational materials of MSF program), as well as educational materials used in psychiatric nursing (9,11,15).

The activity session of the educational program will include painting, work with clay and knitting. Instructors will be there to teach and guide the participants. In addition, some elements of psychodrama will be involved in the program. The literature indicates that involvement of different types of activities in the educational program is effective. (4,7,11,13,15). The activity session will not be structured; it will have some topics to follow during each meeting and will correspond to the subjects described in the curriculum and the curriculum guide (Appendixes 1

and 2). The purpose of the activity session is to establish a collaborative environment between mentally disabled persons and family members toward the completion of some specific goals (to complete a painting, to make a pot from clay, to knit something, to play some roles). During the activity session team members of the program will have an individual approach to each family. An important role here will be given to the nurse/social worker, who will collect information about each family with the help of family assessment instrument, developed in the training manual. This information will help phycologists and psychiatrists of the program to be more informed and will lead to the purposeful information delivery, increasing the effectiveness of the program.

The program will continue 3 months, twice a week for each group (see Appendix 1., Tables 1, 2 and 3). Participants of the program will have one lecture/discussion section (for 2 hours) and one activity session (for 2 hours) per week. Ten groups will be involved in the program. Each group for lecture/discussion section will consist of 10 participants. For activity session the number of participants in each group will be equal to 20.

Participant's package will include a notebook, a pen and flyers. The necessary materials for different activities will be available for each participant during the activity session.

2.3 Evaluation Plan Synopsis

In order to observe the effectiveness of the program the following evaluation plan is suggested. One-group pretest-posttest design (X O X) will be utilized for the evaluation of the program (17). Randomization as well as involvement of the control group is not ethical for the given topic.

X1 - baseline data collection, two weeks before the program starts

O - intervention

X2 - half a year after the program finishes

The qualitative and quantitative methods of data collection will be used for this program. Quantitative instrument for measuring the quality of life of the family members will be "SF-36". "SF-36" is widely used to measure the quality of life (18). It is not specific to mental health but was used with depressed population. "SF-36" instrument has eight dimensions: physical functioning, bodily pain, role limitation due to the physical health problems, role limitation due to the emotional limitation, general mental health, social functioning, energy/vitality and general health perceptions. Items of "SF-36" are scored and structured to provide a scale ranging from 0 to 100 (0=poor health and 100=good health). "SF-36" has high reliability and validity (19). The prepublication version of Armenian "SF-36" is available (20).

"SF-36" would be interviewer-administered: administrator of the team will lead the interview. English and Armenian versions of the questionnaires are attached to the paper (Appendix 3).

The qualitative method, in-depth interviews, will be used to explore participant's attitude towards mentally disabled persons. The semi-structured interview guide will include the following domains: mentally disabled person in family, positive and negative influence of mentally disabled persons on society, community/productivity issues related to the concept of mental health, and the possible methods of treatment of mentally disabled people (Appendix 4). In-depth interviews will be conducted before and after the intervention.

"SF-36" will be conducted with the family members of mentally disabled persons that are included in the intervention program before and after the intervention. About 50 family members will be involved in this part and it will be a representative sample of all participants.

Every other participant of the program will be randomly chosen using systematic random sampling technique. Initial starting point from 1 to 100 will be randomly chosen from the list of all family members. Selection interval will be equal to 2 (100 / 50 = 2). Refusal rate will be taken into account.

The next day, after the "SF-36" completion, from 100 participants 15 people from different groups will be randomly chosen (by birthday month order) for in-depth interviews. The same 15 people involved in baseline in-depth interviews will be contacted for the in-depth interviews after the intervention, in order to observe the differences in attitude.

Data entry and statistical analysis of quantitative instrument ("SF-36") will be done using SPSS 11.0 and STATA 7.0. All variables will be coded. To eliminate the data entry errors a double entry and cleaning will be done. The quality of life mean scores before and after the intervention will be compared using the dependent t-test.

The comparison of in-depth interviews before and after the intervention will be done by hand, by coding the write-up.

3. Time Line

During the first month, coordinator of the program will manage the renovation of 3 rooms in Charentsavan polyclinic, will buy equipment and materials, as well as will hire the staff.

During the second month the team will develop the training manual and flyers, as well as will discuss the curriculum of the program and some ethical considerations. At the end of the second month the program will be announced by radio.

During the third month of the program, the team will organize two seminars for the polyclinic staff (in order to involve them in informational campaign) as well as will recruit and

register the participants. In addition, the team will start the baseline data collection, data entry and data analysis.

The program will be implemented during the fourth, fifth and sixth months.

Six month after the completion of the program the post intervention data collection will start. The same month will be devoted to data entry and data analysis.

During the eighth month of the program the team members will write a report and will develop recommendations for future activities.

The time line is summarized in Appendix 5.

4. Budgeting

The duration of the whole project will be 8 months. The study team will need approximately $ 39871 US dollars to implement this program. The details of the budget are presented in Appendix 6.

The budget includes personnel, operating and material cost. The market prices are considered (with the help of the specialist familiar with the prices) for estimating the operating cost. The project material cost is considered taking into account the number of each required item (according to the number of participants and team members) and its price. The number of participants involved in the project (for 10 groups) will be no more than 100 family members and 100 mentally disabled people. The number of team members is equal to 8 for core staff and 5 for supporting personnel.

5. Ethical issues consideration

5.1 Human Subject

The Institutional Review Board (IRB) at American University of Armenia (AUA) approved this proposal.

Participants of the program are mentally disabled persons and their family members. They are human subjects and all steps should be made in order to avoid psychological and physical harm. The first step will be to provide an oral consent forms to the family members, explaining the aim of the program, risks and benefits as well as issues connected with voluntary participation in the program. The oral consent form for participation in the program is attached (Appendix 7).

Next step will be organization of ethical trainings, seminars, workshops with the team members which will help to avoid the violation of ethical rules, confidentiality and human rights issues.

Separate oral consent forms are developed for evaluation related data collection (Appendix 8). An oral consent form contains all the necessary information about the purpose of the investigation, procedures, risks and benefits, as well as confidentiality issues. The participants will have a freedom of choice in participating or not participating in the evaluation part of the program.

To eliminate the psychological discomfort that the participants may feel during the in-depth interviews the interviewer will be the psychologist of the program.

Collected data will be stored at the office computer under the password available only to the team members. The field notes of in-depth interviews will be kept locked in folders. Only team members of the program will have access to them. The information will be kept

confidential. All the personal information about the participants will be destroyed after the completion of the report.

5.2 Community Support

The Charentsavan polyclinic staff and the Vice Director are ready to collaborate, providing 3 rooms for the project as well as helping to organize the information delivery process.

Community based educational program focusing on the involvement of family members of mentally disabled persons in Charentsavan polyclinic could help to improve the quality of life of mentally disabled persons as well as their family members. Therefore, we suggest to implement an educational program for the families with persons who have mental health disabilities in one of the regions of Armenia (Kotayk marz) and if the program will be successful it could become a module for implementation in other regions as well.

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Appendix 1.
Table 1: Program Curriculum

	Lectures/Discussions			**Activities**
Number of Lectures/Discussions	***The first day of the week***			***Second day of the week***
	Trainer/Lecturer	**Assistant of the Trainer/Lecturer**	**Topics for the lectures/discussions**	**Topics for activities**
1.	Psychologist	Psychiatrist and nurse/social worker	"Concept of mental health", "Historical development of psychiatry and psychology", "Philosophy and psychology", "The role of psychology in development of other sciences", "Current place of psychology"	"The place of psychology in my life"
2.	Psychologist and social worker	Psychiatrist	"Mental health and community", "Stigma in community", "Possible reasons for stigma", "The role of community in the recovery of mentally ill people", "Case discussion"	"My place in community and family"
3.	Psychiatrist	Psychologist and nurse/social worker	"What is psychos?", "Symptoms of psychos", "Disillusions", "Cognitive problems", "problems with friends and relatives"	"Disillusions"
4.	Psychiatrist	Psychologist and nurse/social worker	"Historical description of schizophrenia", "Types of schizophrenia", "Schizophrenia as an outlook", "Case discussion"	"Schizophrenia as an outlook"
5.	Psychiatrist	Psychologist and nurse/social worker	"Approaches for dealing with schizophrenia; psychoanalysis, behavioural, biological", "Art therapy and schizophrenia", "Drugs and schizophrenia"	"Schizophrenia as an outlook"
6.	Psychiatrist	Psychologist and nurse/social worker	"Schizophrenic and family", "Impact of family on the schizophrenic", "Hostility, criticism, emotional over involvement, positive reaction"	"Our family"
7.	Psychologist	Psychiatrist and social worker	"Impact of the patient on family", "Emotional, financial and job loss problems", "Children's reaction to schizophrenic"	"His/her place on our family"
8.	Psychologist	Psychiatrist and nurse/social worker	"How to detect that my family member is schizophrenic?", "Good strategies for communication with psychotics"	"You and I toward the same goal"
9.	Psychologist	Psychiatrist and nurse/social worker	"What is depression?", "determinants of depression", "Special types of depression", "Case discussion"	"Sadness and Happiness"
10.	Psychologist	Psychiatrist and nurse/social worker	"Is there a way out from depression?", "What could happen if not applying to the help?", "Advices for people with depression", "How to help the person with depression?"	"Sadness and Happiness"
11.	Psychologist	Psychiatrist and social worker	"What is mood or affective disorder?", "Therapies of mood disorders"	"Happiness via Sadness"
12.	Psychologist	Psychiatrist and nurse/social worker	"Stress", "Positive and negative stress", "The pathway of the stress", "The ways of dealing with stress"	"Positive stress"

Table 2: Program Curriculum, Days

Number of Groups	Days for lecture/discussion	Days for activity session
I and II	**Monday**	**Wednesday**
III and IV	**Tuesday**	**Thursday**
V and VI	**Wednesday**	**Friday**
VII and VIII	**Thursday**	**Monday**
IX and X	**Friday**	**Tuesday**

Table 3: Hours for the groups

Groups' Numbers	**Hours**	
	Lecture/discussion	***Activity session***
I, III, V, VII, IX	From 10.00 to 12.00	From 11.00 to 13.00
II, IV, VI, VIII, X	From 13.00 to 15.00	From 14.00 to 16.00

Appendix 2.

Implementation of educational program for families with mentally disabled persons in Kotayk marz, Charentsavan

Curriculum Guide

Unit: Mental Health Education.

Educator: Psychologists, psychiatrists and nurse/social workers.

Participants: Mentally disabled persons and family members 18 years old and above, of mentally disabled persons registered as well as not registered in the regional policlinic in Kotayk marz, Charentsavan.
In addition, mentally disabled persons from the same families will be involved in activity session of the program.

Setting: The regional polyclinic in Charentsavan

Goal: The quality of life improvement for the families with mentally disabled persons by increasing knowledge about the mental health disabilities and the methods of dealing with them, as well as changing attitude towards mentally disabled persons.

Competency/Objectives

At the end of the program participants will have a basic knowledge of:

- Brief history of psychiatry, philosophy and psychology, the role of psychology in the development of other sciences.
- Stigma related issues in society
- Nature of the most frequent mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression)
- Extend of the most frequent mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression)
- Impact of the most frequent mental health disabilities; psychosis (schizophrenia)

and mood disorders (manic-depression)

- Ways of dealing with the most frequent mental health disabilities psychosis (schizophrenia) and mood disorders (manic-depression)

  in daily life

- Coping with stress

As well as will

- demonstrate a positive attitude toward the mentally disabled person
- list the reasons why mentally disabled person should and could be integrated into society
- suggest the strategies of integration of mentally disabled person into society.

Topics

- Concept of mental health, historical development of psychiatry, psychology and philosophy
- Popular description of the nature of the most frequent mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression)
- Popular description of the extend of the most frequent mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression)
- Popular description of the impact mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression)
- Popular description of the ways of dealing with the most frequent mental health disabilities mental health disabilities; psychosis (schizophrenia) and mood disorders (manic-depression) in daily life
- Negative impact of society on mentally disabled person

- Negative impact of mentally disabled person on society
- Coping with stress

Teaching techniques

- Lecture
- Discussion
- Demonstration
- Role playing
- Group work
- Questions/ Answers

Package for participants

- Notebook
- Pen
- Flyers
- The thread, clay and paints will be available for each participant during the activities part.

Package for Team Members

- Training manual
- Curriculum guide
- Notebook
- Pen

- Board markers

Room's arrangement

The project will need three rooms.

1. Office room – 5 chairs, 3 tables, and 1 computer
2. Lecture room – 13 chairs, 12 little boards for writing, 1 board
3. Activities room – 13 chairs, 4 big mirrors, 2 equipments for working with clay, 1 tape recorder, available water source in the room and 4 equipments for painting.

Program Curriculum

The program curriculum consists of 24 educational classes and activity sessions for each group; 12 lecture/discussion (45 min.) and individual meetings (with participants who have questions and concerns, during the 1 hour after the class) part as well as 12 meetings (2 hours**)** for the activity session.

The classes and activities will be conducted in reconstructed polyclinic's rooms in Charentsavan. The room for lecture/discussion will have usual room setting with 13 chairs circling the room (like rooms for psychological trainings). The room for activity sessions will have the setting of studio with 4 big mirrors and equipment for art therapy (equipments for working with clay, equipments for painting and so on).

The activity session part will not be structured, but each meeting will be devoted to certain topic (see Table 1).

For lecture/discussion part all 10 groups will follow the same curriculum developed in Table 1.

Appendix 3.

SF-36 HEALTH SURVEY

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

(circle one)

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

2. Compared to one year ago, how would you rate your health in general now?

(circle one)

Much better now than one year ago 1

Somewhat better now than one year ago 2

About the same as one year ago 3

Somewhat worse now than one year ago 4

Much worse now than one year ago 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(circle one number on each line)

ACTIVITIES	**Yes, Limited A Lot**	**Yes, Limited A Little**	**No, Not Limited At All**
a. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing **several** flights of stairs	1	2	3
e. Climbing **one** flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking **more than a mile**	1	2	3
h. Walking **several blocks**	1	2	3
i. Walking **one block**	1	2	3
j. Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

	YES	**NO**
a. Cut down on the **amount of time** you spent on work or other activities	1	2
b. **Accomplished less** than you would like	1	2
c. Were limited in the **kind** of work or other activities	1	2
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(circle one number on each line)

	YES	NO
a. Cut down the **amount of time** you spent on work or other activities	1	2
b. **Accomplished less** than you would like	1	2
c. Didn't do work or other activities as **carefully** as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one)

Not at all.....1

Slightly.....2

Moderately 3

Quite a bit.....4

Extremely.....5

7. How much bodily pain have you had during the past 4 weeks?

(circle one)

None.....1

Very mild.....2

Mild.....3

Moderate.....4

Severe 5

Very severe.....6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(circle one)

Not at all.....1

A little bit.....2

Moderately 3

Quite a bit.....4

Extremely.....5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

(circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one)

All of the time.....1

Most of the time 2

Some of the time.....3

A little of the time.....4

None of the time.....5

11. How TRUE or FALSE is each of the following statements for you?

(circle one number on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

² è àÔæ² ä ²Ð² Î ² Ü Ð² ðòàôØ SF-36

òàôòàôØÜºð: ²Ûë Ñ³ñóÙ³Ý Ýå³ï³ÏÝ ¿ å³ñ½»É Ò»ñ Ï³ñÍÇùÁ Ò»ñ ³éáÕçáõÃÛ³Ý í»ñ³µ»ñÛ³É£ ¸³ ÑÝ³ñ³ íáñáõÃÛáõÝ Ï ï³ ï»Õ»Ï³Ý³Éáõ ³ÛÝ Ù³ëÇÝ, Ã» ÇÝãå»ë »ù Ò»½ ½·áõÙ ¨ áñù³Ýáí »ù Ç íÇ×³ÏÇ Ï³ï³ñ»É Ò»ñ ³éûñÛ³ ·áñÍ»ñÁ£

ä³ï³ëË³Ý»ù µáÉáñ Ñ³ñó»ñÇÝª Ýß»Éáí Ò»ñ ÁÝïñ³Í å³ï³ëË³ÝÝ ³ÛÝå»ë, ÇÝãå»ë Ýßí³Í ¿ ÷³Ï³·Í»ñáõÙ ïñí³Í óáõóáõÙÝ»ñáõÙ£ ºÃ» ¹áõù íëï³Ñã»ù, Ã» áñ å³ï³ëË³ÝÝ ÁÝïñ»É, ÁÝïñ»ù ³ÛÝ å³ï³ëË³ÝÁ, áñÝ ³Ù»ÝÇó ³í»ÉÇ Ùáï ¿ Ò»ñ Ï³ñÍÇùÇÝ£

1. ÆÝãå»±ë Ï·Ý³Ñ³ï»Çù Ò»ñ ³éáÕçáõÃÛáõÝÝ ÁÝ¹Ñ³Ýáõñ ³éÙ³Ùµ£

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝÙ»Ï ÃÇí)

¶»ñ³½³Ýó..... 1

Þ³ï É³í..... 2

È³í..... 3

àã³ÛÝù³Ý É³í..... 4

ì³ï..... 5

2. ÆÝãå»±ë Ï·Ý³Ñ³ï»Çù Ò»ñ ³éáÕçáõÃÛáõÝÝ ³ÛÅÙª Ñ³Ù»Ù³ï³Í Ù»Ï ï³ñÇ ³é³ç í³Ñ»ï£

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝÙ»Ï ÃÇí)

Þ³ï ³í»ÉÇ É³í ³ÛÅÙ, ù³Ý Ù»Ï ï³ñÇ ³é³ç..... 1

àñáßã³÷áí ³í»ÉÇ É³í ³ÛÅÙ, ù³Ý Ù»Ï ï³ñÇ ³é³ç..... 2

²ÛÅÙ·ñ»Ã» ÝáõÛÝÁ, ÇÝã Ù»Ï ï³ñÇ ³é³ç..... 3

àñáßã³÷áí ³í»ÉÇ í³ï ³ÛÅÙ, ù³Ý Ù»Ï ï³ñÇ ³é³ç..... 4

Þ³ï ³í»ÉÇ í³ï ³ÛÅÙ, ù³Ý Ù»Ï ï³ñÇ ³é³ç..... 5

4. êï áñ¨ Ãí³ñÏí³Í »Ý ÙÇ ù³ÝÇ ³éûñÛ³ ·áñÍáÕáõÃÛáõÝÝ»ñ£ ²ñ¹Ûá±ù Ò»ñ Ý»ñÏ³ÛÇë ³éáÕç³Ï³Ý íÇ×³ÏÁ Ë³Ý·³ñáõÙ ¿ Ò»½ª Ï³ï³ñ»É ³Û¹ ·áñÍáÕáõÃÛáõÝÝ»ñÁ£ ºÃ» ³Ûá, áñù³Ýá±í£

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù Ù»Ï ÃÇíª Ûáõñ³ù³ÝãÛáõñ ïáÕáõÙ)

¶àð Ì àÔàôÂÚàôÜÜºð	**²Ûá, ß³ï¿ Ë³Ý·³-**	**²Ûá, ùÇã¿ Ë³Ý·³-**	**àã, ³Ù»Ý¨ÇÝ**

		ñáõÙ	ñáõÙ	ãÇ Ë ³ Ý-·³ ñáõÙ
³.	²Ï ï Çí ·áñÍáÕáõÃÛáõÝÝ»ñ, ûñÇÝ ³ Ïª í ³½»É, Í ³ ÝñáõÃÛáõÝ µ³ ñÓñ³ óÝ»É, ½µ³ Õí»É ³ Ï ï Çí ëåáñ ï ³ Ó¨»ñáí	1	2	3
µ.	**ØÇçÇÝ ³ Ï ï ÇíáõÃÛ³ Ý ·áñÍáÕáõÃÛáõÝÝ»ñ**, ûñÇÝ ³ Ïª ë»Õ³ Ý ï »Õ³ ß³ ñÅ»É, ÷áß» Í ÍÇãáí Ù³ ùñ»É, ë»Õ³ ÝÇ Ã»ÝÇë Ë³ Õ³ É Ï ³ Ù å³ ñ ï »½áõÙ ³ ßË³ ï »É	1	2	3
·.	ØÃ»ñùáí å³ Ûáõë³ ÏÁ µ³ ñÓñ³ óÝ»É Ï ³ Ù ï ³ Ý»É	1	2	3
¹.	²ë ï Ç×³ ÝÝ»ñáí µ³ ñÓñ³ Ý³ É ÙÇ ù³ ÝÇ Ñ³ ñÏ	1	2	3
».	²ë ï Ç×³ ÝÝ»ñáí µ³ ñÓñ³ Ý³ É ÙÇ Ñ³ ñÏ	1	2	3
½.	Îù³ Ýë ï »É, ïé³ Ý³ É Ï ³ Ù ÍÝÏÇ · ³ É	1	2	3
¿.	ø³ Û É»É Ùá ï Ù»Ï ÏÇÉáÙ» ï ñ	1	2	3
Á.	ø³ Û É»É ÙÇ ù³ ÝÇ Ñ³ ñÛáõñ Ù» ï ñ	1	2	3
Ã.	ø³ Û É»É Ñ³ ñÛáõñ Ù» ï ñ	1	2	3
Å.	ÆÝùÝáõñáõÙÝ ÉáÕ³ Ý³ É Ï ³ Ù Ñ³ ·Ýí»É	1	2	3

4. ²ñ¹Ûá±ù <u>í»ñçÇÝ **4 ß³ µ³ Ãí³**</u> ÁÝÃ³ óùáõÙ áõÝ»ó»É »ù Ò»ñ ³ ßË³ ï ³ ÝùÇ Ï ³ Ù ³ Ù»ÝûñÛ³ ³ Û É ·áñÍ»ñÇ Ñ» ï Ï ³ å í ³ Í Ñ» ï ¨Û³ É ¹Åí ³ ñáõÃÛáõÝÝ»ñÇó áñ¨¿ Ù»ÏÁ Ï ³ Ù ÙÇ ù³ ÝÇëÁª <u>Ò»ñ ³ éáÕç³ Ï ³ Ý íÇ×³ ÏÇ Ñ» ï ¨ ³ Ýùáí£</u>

(ßñç³ Ý³ ÏÇ Ù»ç í»ñóñ»ù Ù» Ï ÃÇíª Ûáõñ³ ù³ ÝãÛáõñ ï áÕáõÙ)

		²Úà	àâ
³.	Îñ×³ ï »É »ù ³ ßË³ ï ³ ÝùÇ Ï ³ Ù ³ Û É ·áñÍ»ñÇ íñ³ **Í³ Ëë³ Í Å³ Ù³ Ý³ ÏÁ**	1	2
µ.	**Î³ ï ³ ñ»É »ù ³ í»ÉÇ ùÇã,** ù³ Ý Ïó³ ÝÏ ³ Ý ³ ÛÇù	1	2
·.	Æ íÇ×³ ÏÇ ã»ù »Õ»É Ï ³ ï ³ ñ»É **áñáß³ ÏÇ ï Çåç** ³ ßË³ ï ³ Ýù Ï ³ Ù ³ Û É ·áñÍ»ñ	1	2
¹.	**Åí³ ñáõÃÛ³ Ùµ** »ù Ï ³ ï ³ ñ»É ³ ßË³ ï ³ ÝùÁ Ï ³ Ù ³ Û É ·áñÍ»ñ (ûñÇÝ³ Ïª å³ Ñ³ Ýç í»É »Ý Éñ³ óáõóÇã ç³ Ýù»ñ)	1	2

5. ²ñ¹Ûá±ù <u>í»ñçÇÝ **4 ß³ µ³ Ãí³**</u> ÁÝÃ³ óùáõÙ áõÝ»ó»É »ù Ò»ñ ³ ßË³ ï ³ ÝùÇ Ï ³ Ù ³ Ù»ÝûñÛ³ ³ Û É ·áñÍ»ñÇ Ñ» ï Ï ³ å í ³ Í Ñ» ï ¨Û³ É ¹Åí ³ ñáõÃÛáõÝÝ»ñÇó áñ¨¿ Ù»ÏÁ Ï ³ Ù ÙÇ ù³ ÝÇëÁª <u>áñ¨¿ Ñáõ½³ Ï ³ Ý íÇ×³ ÏÇ</u> (ûñÇÝ³ Ïª ÁÝÏ×í³ ÍáõÃÛ³ Ý Ï ³ Ù Ù ï ³ Ñá·í³ ÍáõÃÛ³ Ý) Ñ» ï ¨ ³ Ýùáí£

(ßñç³ Ý³ ÏÇ Ù»ç í»ñóñ»ù Ù» Ï ÃÇíª Ûáõñ³ ù³ ÝãÛáõñ ï áÕáõÙ)

		²Úà	àâ
³.	Îñ×³ ï »É »ù ³ ßË³ ï ³ ÝùÇ Ï ³ Ù ³ Û É ·áñÍ»ñÇ íñ³ **Í³ Ëë³ Í Å³ Ù³ Ý³ ÏÁ**	1	2
µ.	**Î³ ï ³ ñ»É »ù ³ í»ÉÇ ùÇã,** ù³ Ý Ïó³ ÝÏ ³ Ý ³ ÛÇù	1	2

·. êáíáñ³Ï³ÝÇó å³Ï³ë **áõß³¹ñáõÃÛ³Ùµ** »ù Ï³ï³ñ»É³ßË³ï³ÝùÁ Ï³Ù³ÛÉ ·áñÍ»ñ	1	2

6. ì»ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ Ò»ñ ³éáÕç³Ï³Ý Ï³Ù Ñáõ½³Ï³Ý íÇ×³ÏÁ áñù³Ýá±í ¿ Ë³Ý·³ñ»É Ò»ñ ³éûñÛ³ ß÷áõÙÝ»ñÇÝ ÁÝï³ÝÇùÇ, ÁÝÏ»ñÝ»ñÇ, Ñ³ñ¨³ÝÝ»ñÇ Ï³Ù³ÛÉáó Ñ» ï£
(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝ Ù»Ï ÃÇí)

²Ù»Ý¨ÇÝ 1

Â»Ã¨³ÏÇ 2

â³÷³íáñ 3

´³í³Ï³ÝÇÝ 4

â³÷³½³Ýó 5

7. ì»ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ áñù³±Ý ýÇ½ÇÏ³Ï³Ý ó³í»ù½·³ó»É
(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝ Ù»Ï ÃÇí)

àãÙÇ 1

Þ³ï ÃáõÛÉ 2

ÂáõÛÉ 3

â³÷³íáñ 4

àõÅ»Õ 5

Þ³ï áõÅ»Õ 6

8. ì »ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ áñù³Ýá±í ¿ ó³íÁ Ë³Ý·³ñ»É Ò»ñ ÝáñÙ³É ³ßË³ï³ÝùÇÝ ¥ÇÝãå»ë ï³ÝÁ, ³ÛÝå»ë ¿É³ ï ÝÇó ¹áõñë¤£

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝÙ»Ï ÃÇí)

9. Ð» ï ¨Û³É Ñ³ñó»ñÁ í»ñ³µ»ñáõÙ »Ý Ò»ñ ÇÝùÝ³½·³óáÕáõÃÛ³ÝÁ í»ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ£ ÊÝ¹ñáõÙ »Ýù Ûáõñ³ù³ÝãÛáõñ Ñ³ñóÇ Ñ³Ù³ñ ÁÝï ñ»É ³ÛÝ ÙÇ³Ï å³ï³ëË³ÝÁ, áñÝ³Ù»ÝÇó Ùáï ¿ Ò»ñ½·³ó³ÍÇÝ£

ì »ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ áñù³±Ý Å³Ù³Ý³Ï »ù ¸áõù@@@

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù Ù»Ï ÃÇíª Ûáõñ³ù³ÝãÛáõñ ï áÕáõÙ)

		²ÙµáÕç Å³Ù³-Ý³Ï	Ä³Ù³-Ý³ïÇ Ù»Í Ù³ëÁ	Ä³Ù³-Ý³ïÇ ½·³ÉÇ Ù³ëÁ	Ä³Ù³-Ý³ïÇ áñáß Ù³ëÁ	Ä³Ù³-Ý³ïÇ ÷áùñ Ù³ëÁ	àã ÙÇ Å³Ù³-Ý³Ï
³.	½·³ó»É Ò»½ »é³Ý¹áí ÉÇ	1	2	3	4	5	6
µ.	»Õ»É ß³ï ÝÛ³ñ¹³ÛÝ³ó³Í	1	2	3	4	5	6
·.	½·³ó»É ³ÛÝù³Ý ÁÝïí×³Í, áñ áãÇÝã ã¿ñ Ï³ñáÕ Ò»½ áõñ³Ë³óÝ»É	1	2	3	4	5	6
¹.	½·³ó»É Ñ³Ý·Çë ï áõ Ë³Õ³Õ	1	2	3	4	5	6
».	»Õ»É ß³ï ³éáõÛ·	1	2	3	4	5	6
½.	»Õ»É ëñ ï Ý»Õ³Í áõ ï Ëáõñ	1	2	3	4	5	6
¿.	½·³ó»É ÉñÇí áõÅ³ë å³é	1	2	3	4	5	6
Á.	»Õ»É »ñç³ÝÇÏ	1	2	3	4	5	6
Ã.	½·³ó»É Ñá·Ý³Í	1	2	3	4	5	6

10. ì »ñçÇÝ 4 ß³µ³Ãí³ ÁÝÃ³óùáõÙ Ò»ñ ³éáÕç³Ï³Ý Ï³Ù Ñáõ½³Ï³Ý ËÝ¹ÇñÝ»ñÁ áñù³±Ý Å³Ù³Ý³Ï »Ý Ë³Ý·³ñ»É Ò»ñ ß÷áõÙÝ»ñÇÝ ßñç³å³ï Ç Ñ» ï ¥ûñÇÝ³Ï³ª ã»ù Ï³ñáÕ³ó»É ³ÛÓ»É»É ÁÝÏ»ñÝ»ñÇÝ, µ³ñ»Ï³ÙÝ»ñÇÝ ¨ ³ÛÉÝ¤£

(ßñç³Ý³ÏÇ Ù»ç í»ñóñ»ù ÙÇ³ÛÝÙ»Ï ÃÇí)

11. Àë ï Ò»½, áñù ³ Ýá± í ¿ ÖÆÞî Ï ³ Ù êÊ ² È Ñ» ï ¨Û ³ É å Ý ¹ áõÙÝ»ñóÛáõñ ³ ù ³ ÝãÛáõñÁ¢

(ßñç ³ Ý ³ ÏÇ Ù»ç í»ñóñ»ù Ù»Ï ÃÇ íª Ûáõñ ³ ù ³ ÝãÛáõñ ï áÕáõÙ)

	ÈÇáíÇÝ ×Çß ï ¿	**ÐÇÙÝ ³ - Ï ³ ÝáõÙ ×Çß ï ¿**	**â·Ç ï »Ù**	**ÐÇÙÝ ³ - Ï ³ ÝáõÙ ëË ³ É ¿**	**ÈÇáíÇÝ ëË ³ É ¿**
³. Î ³ ñÍ»ë Ã» »ë ³ í»ÉÇ Ñ»ß ï »Ù ÑÇí ³ Ý ¹ ³ ÝáõÙ, ù ³ Ý áõñÇßÝ»ñÁ	1	2	3	4	5
µ. ºë ÝáõÛÝù ³ Ý ³ éáÕç »Ù, áñù ³ Ý ÇÙ ×³Ý³ã³ Í Ù ³ ñ¹ÇÏ	1	2	3	4	5
·. ºë Ï ³ ñÍáõÙ »Ù, áñ ÇÙ ³ éáÕçáõÃÛáõÝÁ Ïí ³ ï ³ Ý ³	1	2	3	4	5
¹. ÆÙ ³ éáÕçáõÃÛáõÝÁ ·»ñ ³ ½ ³ Ýó ¿	1	2	3	4	5

Appendix 4.

Semi-structured interview guide for in-depth interviews

Before the start of the interview the interviewer will have the paper for the field notes in which the administrator of the program will have listed some personal data about the interviewee: first name, second name, age and # of the group in which the participant was involved after the registration.

1. Tell me about your family. Describe you family members. What they are doing during the day? Describe the responsibilities of each family member.
2. When you hear the term "mental health", what first come to your mind? Why?
3. Could you describe the person with mental health problems in your family? What is the place of mentally disabled person in your family? Which are his or her responsibilities?
4. Which kind of positive description would you give to mentally disabled person in your family? Why? Which kind of negative description would you give to mentally disabled person in your family? Why?
5. How you feel when people ask you about the mentally disabled person in your family? What kind of influence the mentally disabled person could have on society? What kind of influence the mentally disabled person has on you, on your personal life? Positive? Negative? Why? What would you like to change from this perspective?
6. How mentally disabled person should be treated? Why? What is the place of community in dealing with this problem? Why? What is the role of family in this process?

The interview will, be leaded according to particular life circumstances of the interviewee.

Appendix 5.

Time Line

Actions for Implementation	1 month	2 month	3 month	4 - 6 months	7 month	8 month
Reconstruction of rooms	?					
Equipment and materials buying	?					
Hiring staff	?					
Development of the training manual, flyers		?				
Discussion of the curriculum ethical trainings with team members		?				
Announcement of the program by radio		?				
Seminars for the polyclinic staff			?			
Recruitment of the participants and registration			?			
Baseline data collection data entry, data analysis			?			
Intervention of the program				?		
Post intervention data collection, data entry, data analysis					?	
Writing the report with future recommendations						?

Appendix 6.

Budget

Personnel *(salaries include taxes)*	***Unit price***	***Duration***	**I *Year***	**II *Year***	***Total (for both years)***
Program Manager and Coordinator (1)	**$400/month**	**8 months**	**$ 400**	**$ 2800**	**$ 3200**
Program Administrator (1)	**$150/ month**	**8 months**	**$ 150**	**$ 1050**	**$ 1200**
Psychiatrist (2)	**$500/ month**	**7 months**	**--------**	**$ 7000**	**$ 7000**
Psychologist (2)	**$500/ month**	**7 months**	**--------**	**$ 7000**	**$ 7000**
Nurse/social worker (2)	**$150/ month**	**7 months**	**--------**	**$ 2100**	**$ 2100**
Potter (1)	**$40/ month for each group (10 groups)**	**1 month**	**--------**	**$ 400**	**$ 400**
Cleaning Lady (1)	**$60/ month During the reconstruction period $80/ month**	**8 months**	**$ 80**	**$ 420**	**$ 500**
Workers (3)	**$ 300/ month**	**1 month**	**$ 900**	**--------**	**$ 900**
Data entry and analysis specialist (2)	**$600/ month**	**1 month**	**--------**	**$ 1200**	**$ 1200**
Total Personnel			***$1530***	***$21970***	***$ 23500***
Operating cost					
Announcement by radio 6 announcements	**$ 5 per one**	**2 days**		**$ 30**	**$ 30**
Rent for 3 rooms	**$120 /month**	**8 months**	**$ 120**	**$ 840**	**$ 960**
Reconstruction of 3 rooms	**$ 900**	**1 month**	**$ 900**	**--------**	**$ 900**
Taxi	**1 km 27 cents**	**8 months**	**$ 952**	**$ 3332**	**$ 4284**

Office supplies	**$30/ month**	**8 months**	**--------**	**$ 240**	**$240**
Communication	**$60/ month**	**8 months**	**$ 60**	**$ 420**	**$ 480**
Electricity	**1 kw – 6 cents for 50 sq meter**	**8 months** (6 winter and 2 spring months)	**$ 80**	**$ 420**	**$ 500**
Total operating cost			***$ 2112***	***$ 5282***	***$7394***
Project materials					
Package for participants					
Notebook 15 additional	**$1/ per person per month**	**3 months**	**--------**	**$ 315**	**$ 315**
Pen	**22 cents/ per person per month**	**3 months**	**--------**	**$ 67**	**$ 67**
Flayers 5 additional	**$5/ per person**	**3 months**	**--------**	**$ 525**	**$ 525**
Paints 12 colors for each group (10 groups)	**$3 per one color**	**3 months**	**--------**	**$ 360**	**$ 360**
Clay 200 kg for whole project	**33 cents per 1 kg**	**3 months**	**--------**	**$ 70**	**$ 70**
Thread and Spokes 50 kg for whole project	**$15 per 1 kg**	**3 months**	**--------**	**$ 750**	**$ 750**
Paper for painting 100 for whole project	**44 cents per one**	**3 months**	**--------**	**$ 45**	**$ 45**
Package for team members					
Training manual 12 copies	**$ 3 per one**	**--------**	**--------**	**$ 36**	**$ 36**
Curriculum guide 10 copies	**44 cents per one**	**--------**	**--------**	**$ 5**	**$ 5**
Chairs $20 per one 31 chairs	**$20 per one**	**--------**	**$ 620**	**--------**	**$ 620**
Table $80 per one 3 table	**$80 per one**	**--------**	**$ 240**	**--------**	**$ 240**
Computer, printer 1 computer, 1 printer	**$ 800**	**--------**	**$ 800**	**--------**	**$ 800**

Board 1 board	**$ 150 per one**	--------	**$ 150**	--------	**$ 150**
Board markers 40 for whole project	**$4 per one**	--------	**$ 160**	--------	**$ 160**
Boards for writing 12	**$3 per one**	--------	**$ 40**	--------	**$ 40**
Tape recorder 1 tape recorder	**$ 100 per one**	--------	**$100**	--------	**$100**
Equipment for working with clay 2 equipments	**$ 400 per one**	--------	**$800**	--------	**$800**
Equipment for painting 4 equipments	**$60 per one**	--------	**$ 240**	--------	**$ 240**
Questionnaires, in-depth interview guides	**5 cents per page**	--------	--------	**$ 50**	**$ 50**
Total project materials			***$ 3130***	***$ 2222***	***$ 5352***
Cost			**$ 6772**	**$ 29474**	**$ 36246**
Indirect Cost 10%			**$ 677**	**$ 2947**	**$ 3624**
Overall Cost			**$ 7449**	**$ 32421**	**$ 39871**

Appendix 7.

Oral consent form for participation in the program

Statement:

Hello, my name is _____. I am the psychologist of the program called "Educational program for families with mentally disable persons in Kotayk marz, Charentsavan". The goal of the program is quality of life improvement for the families with mentally disabled persons by increasing knowledge about the mental health disabilities and the methods of dealing with them.

About 100 family members of people who are diagnosed with schizophrenia and manic-depressive disorders will be involved in the program. The program will last 3 month. The participation in the program is voluntary. You can feel free to express any opinion or concern related to the program. You are free to stop participation in the program at any time: just inform the administrator of the program about your decision. Your refusal to participate in the program will not result in any unwanted situation.

The information that you will share with us during the program will be used only by the staff of the program. It will not be published or publicly disclosed and it will not be associated with your personal data. Every effort will be maid to provide confidentiality and protect the information you will provide.

There is no risk for the participation in the program. The main benefit that you can get from the participation is quality of life improvement.

If you have any question related to this program, you can contact _____

Appendix 8.

Oral consent form for in-depth interview

Statement:

Hello, my name is . I am the psychologist of the program called "Educational program for families with mentally disable persons in Kotayk marz, Charentsavan". As a part of the program evaluation I am interested in some topics related to your attitude toward mentally disabled person. The participants were randomly chosen from the participants involved in the program. The information that you will share with me will be used only by the staff of the program and, at the end of the program, all the personal information associated with you will be destroyed. It will not be published or publicly disclosed and it will not be associated with your personal data. Every effort will be maid to provide confidentiality and protect the information you provide. You are not required to participate in this interview.

Any benefits or risks are not associated with this interview.

If you agree to participate, the interview will take about 45 minutes. After the program we will have with you one more such kind of an interview. I will take notes for further analysis. You can feel free to express any opinion. If at any time during the interview you will wish to stop, please inform me and we will not continue. It will not result in any unwanted situation. If you have any question related to this program, you can contact _____

Thank you for your participation.

Oral consent form for SF-36 form completion

Hello, my name is _____. I am the team member of the program called "Educational program for families with mentally disabled persons in Kotayk marz, Charentsavan". As a part of our project evaluation I am interested in some topics related to your physical and mental health status. The purpose of the study is to reveal the effectiveness of the program.

Only people who were included in the program can participate in the study.

If you agree to participate we will provide you with a questionnaire. Filling in the questionnaire will take about 20-25 minutes. After the completion of the program we will ask you to fill in one more such kind of questioner.

The completion of the questionnaire involves minimal risk connecting with slight discomfort you may feel by sharing with us your experience regarding your health status. In addition, you will spend time necessary for the completion of the questionnaire.

You will not receive any financial or other benefit for the participation. All obtained information will be kept confidential. The access to the data will have only the staff of the program.

Your participation is voluntary. You have the right to stop at any time you want. You are free not to answer to the questions if you consider them inappropriate. Your refusal to participate in the study or your decision to withdraw from the study at any time will not negatively affect you.

If you have any questions regarding this process, please do not hesitate to contact the person in charge _____.

Thank you for your participation.